

Figure 1

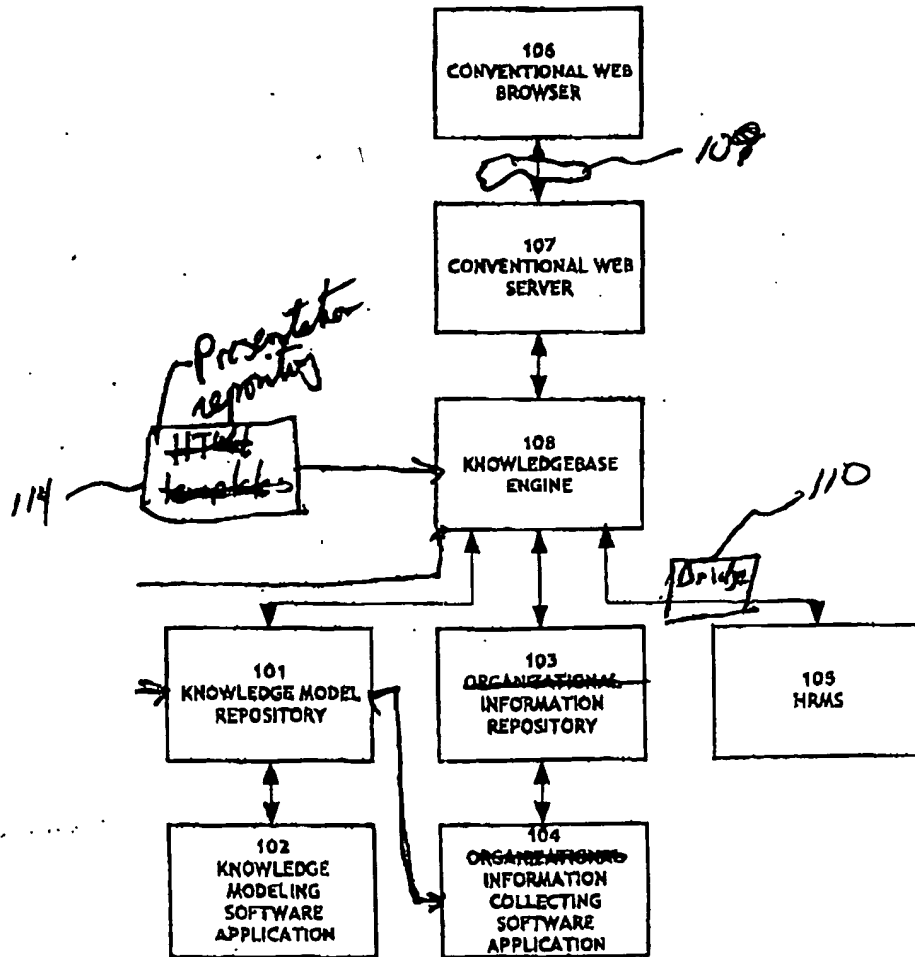


Figure 2

Comparing Medical Plans - Microsoft Internet Explorer

File Edit View Go Favorites Help

Comparing Medical Plans for Next Year

Company Home Search Human Resources Personal

In the first row, choose the plans you want to compare. Then select the plan features in the first column.

	Your current plan - HMO Blue	HMO Blue, next year's features	Scrimshaw Catastrophic Medical
Overview	This is an HMO. Under this plan you choose a primary care physician who will manage your care and refer you to specialists in the network. Most covered expenses are paid at \$15. Except in an emergency, you do not receive benefits if you received care outside of the network.	This is an HMO. Under this plan you choose a primary care physician who will manage your care and refer you to specialists in the network. Most covered expenses are paid at \$20. Except in an emergency, you do not receive benefits if you received care outside of the network.	This is an indemnity plan. Under this plan, most expenses are paid at 80% after you have met the annual deductible of \$200.
Monthly cost	\$150 for individual coverage, pre-tax \$215 for family coverage, pre-tax	\$158 for individual coverage, pre-tax \$227 for family coverage, pre-tax	\$123 for individual coverage, pre-tax \$194 for family coverage, pre-tax
Doctors	You choose a primary care physician from a provider directory list. Your primary care physician must refer you to other doctors.	You choose a primary care physician from a provider directory list. Your primary care physician must refer you to other doctors.	You can use any doctor or specialist you wish.
Office visits	All office visits to your primary care physician or any specialist cost \$15. You pay the doctor at the time of your visit.	All office visits to your primary care physician or any specialist cost \$20. You pay the doctor at the time of your visit.	You pay the doctor the full amount for care given. Then you fill out a claim form and send it in for reimbursement of up to 80%.
Prescriptions	All brand name drugs cost \$15, generics \$10.	All brand name drugs cost \$20, generics \$10. There is a monthly limit on certain drugs.	You pay the full cost of the drugs, then submit a claim for for up to 80% reimbursement.
Claims	This is a Health Maintenance Organization (HMO) so payments are made to your provider directly.	This is a Health Maintenance Organization (HMO) so payments are made to your provider directly.	You can obtain a claim form from the HR department. Read and follow the instructions. Be sure to file a separate claim form for each member of your family and indicate if you want the payment to go to the provider or you. Make copies of all itemized bills, and attach copies to the claim form. Mail the completed claim form to the address on the form.
Hospital	All hospital costs covered at 100% after a \$150 copay. All non-emergency procedures must be pre-approved. If you stay overnight, a semi-private room is covered.	All hospital costs covered at 100% after a \$150 copay. All non-emergency procedures must be pre-approved. If you stay overnight, a semi-private room is covered.	Hospital costs are covered at 80%. If your portion of these expenses exceeds \$1,000 in a calendar year, additional costs are then covered at 100%.

My Computer

Figure 3

Medical knowledge block name	Medical knowledge block contents
Overview	<p>IF Type_of_medical_plan CONTAINS POS THEN This is a POS, or point of service plan, which has two levels of coverage:</p> <p>This plan pays higher benefits when you receive care from your Primary_care_physician_name and when your Primary_care_physician_name refers you to a hospital or JUMP specialist >> MED11A05 ENDJUMP in the network.</p> <p>This plan pays lower benefits when you receive care outside the network or when you receive treatment that is not arranged by your Primary_care_physician_name.</p> <p>ELSEIF Type_of_medical_plan CONTAINS PPO THEN This is a PPO, or preferred provider organization plan, which has two levels of coverage:</p> <p>This plan pays higher benefits when you receive care from a doctor or hospital in the network. You do not need a referral to see a JUMP specialist >> MED11A05 ENDJUMP to get the higher level of benefits as long as the specialist is in the network.</p> <p>This plan pays a lower benefit level when you receive care outside the network of providers.</p> <p>ELSEIF Type_of_medical_plan CONTAINS Indemnity THEN This is an indemnity plan. Under this plan, most expenses are paid at Coinsurance_amount_for_medical MED01B03C Indemnity deductible MED01B03B Indemnity copays</p> <p>ELSEIF Type_of_medical_plan CONTAINS HMO THEN This is an HMO. Under this plan you choose a Primary_care_physician_name who will manage your care and refer you to specialists in the network. Most covered expenses are paid at Coinsurance_amount_for_medical. Except in an emergency, you do not receive benefits if you received care outside of the network.</p> <p>ENDIF</p>
Claims	<p>IF Type_of_medical_plan CONTAINS Indemnity THEN You can obtain a claim form from Claim_form_provider_for_medical. Read and follow the instructions. Be sure to file a separate claim form for each member of your family and indicate if you want the payment to go to the provider or you. Make copies of all itemized bills, and attach copies to the claim form. Mail the completed claim form to the address on the form.</p> <p>ELSEIF Type_of_medical_plan CONTAINS POS OR CONTAINS PPO THEN You do not need to submit a claim form for service provided in-network. Payment will be sent directly to your provider.</p> <p>ENDIF</p> <p>IF Type_of_medical_plan CONTAINS POS OR CONTAINS PPO AND Claims_out_of_network_expense_for_medical DOES NOT CONTAIN not covered THEN If you go to an out-of-network provider you need to Claims_filing_out_of_network_expense_for_medical to JUMP Claims_administrator_medical_plan. >> MED_contact ENDJUMP Be sure to file a separate claim for each member of your family. Make copies of all itemized bills. You will also need to indicate whether you want the payment to go to the provider or to you.</p> <p>ENDIF</p> <p>IF Type_of_medical_plan CONTAINS HMO THEN This is a Health Maintenance Organization (HMO) so payments are made to your provider directly.</p> <p>ENDIF</p>

[illegible]

Figure 5

